24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Maryland USA	
	C C00581777
Check if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Starboard Communications	M M / D D / Y Y Y Y Y
Mailing Address 1043 Barr Road	04 21 2016
1040 Ball Noad	Amount
City State Zip Code	25200.00
Lexington SC 29072	Transaction ID : SE.4267
	Date of Disbursement or Obligation
Purpose of Expenditure Direct mail Category/ Type 004	04 / 21 / 2016
Name of Federal Candidate Support Offi	ice Sought: X House District: 06
Amie Hoeber Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Only State Zip Gode	
Democratic Francisco	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Fodoval Candidate	
Support	ice Sought: House District:
Oppose	President Senate State:
Caloridar Tour To Bato	bursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	25200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	25200.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Joel Riter [Electronically Filed] Date	04
Signature	